

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)
Against:)
)
)
MICHAEL ROGER CHIAROTTINO, M.D.)
)
Physician's and Surgeon's)
Certificate No. G39528)
)
Respondent)
_____)

Case No. 8002014003653

DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 10, 2015.

IT IS SO ORDERED June 3, 2015.

MEDICAL BOARD OF CALIFORNIA

By:



Kimberly Kirchmeyer
Executive Director

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 GREG W. CHAMBERS, SBN 237509
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Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

11 **MICHAEL R. CHIAROTTINO, M.D.**
12 902 Irwin Street
13 San Rafael, CA 94901

14 Physician's and Surgeon's License No. G
39528

15 Respondent.

Case No. 800-2014-003653

OAH No. 2015010529

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled
18 proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
21 Board of California. She brought this action solely in her official capacity and is represented in
22 this matter by Kamala D. Harris, Attorney General of the State of California, through Greg W.
23 Chambers, Deputy Attorney General, and Joshua M. Templet, Deputy Attorney General.

24 2. Michael R. Chiarottino, M.D. ("Respondent") is represented in this proceeding by
25 attorney Gregory Abrams, Pacific West Law Group, LLP, whose address is 6045 Shirley Drive
26 Oakland, CA 94611.

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1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in Accusation
3 No. 800-2014-003653, agrees that cause exists for discipline and hereby surrenders his
4 Physician's and Surgeon's License No. G 39528 for the Board's formal acceptance.

5 9. Respondent understands that by signing this stipulation he enables the Board to issue
6 an order accepting the surrender of his Physician's and Surgeon's License without further process.

7 RESERVATION

8 10. The admissions made by Respondent herein are only for the purposes of this
9 proceeding or any other proceedings in which the Medical Board of California or other
10 professional licensing agency in any state is involved, and shall not be admissible in any other
11 criminal or civil proceedings.

12 CONTINGENCY

13 11. This stipulation shall be subject to approval by the Medical Board of California.
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
15 Board of California may communicate directly with the Board regarding this stipulation and
16 surrender, without notice to or participation by Respondent or his counsel. By signing the
17 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
18 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
19 to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
21 action between the parties, and the Board shall not be disqualified from further action by having
22 considered this matter.

23 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
24 copies of this Stipulated Surrender of License and Order, including Portable Document Format
25 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

26 13. In consideration of the foregoing admissions and stipulations, the parties agree that
27 the Board may, without further notice or formal proceeding, issue and enter the following Order:

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1 and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and
2 Order of the Medical Board of California.

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4 DATED:


4/10/15


MICHAEL R. CHIAROTTINO, M.D.
Respondent

6 I have read and fully discussed with Respondent Michael R. Chiarottino, M.D. the terms
7 and conditions and other matters contained in this Stipulated Surrender of License and Order. I
8 approve its form and content.

9 DATED:

4/22/15


GREGORY ABRAMS
Attorney for Respondent

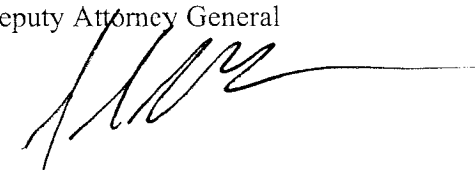
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12 ENDORSEMENT

13 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
14 for consideration by the Medical Board of California of the Department of Consumer Affairs.

15 Dated: ^{May} ~~March~~ 5, 2015

Respectfully Submitted,

16 KAMALA D. HARRIS
Attorney General of California
17 JANE ZACK SIMON
Supervising Deputy Attorney General
18 GREG W. CHAMBERS
Deputy Attorney General

19
20 
21 JOSHUA M. TEMPLET
22 Deputy Attorney General
23 Attorneys for Complainant
24 Medical Board of California

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26 DRAFT Stipulated Surrender of License & Order 03-13-2015docx
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Exhibit A

Accusation No. 800-2014-003653

1 KAMALA D. HARRIS
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2 JANE ZACK SIMON
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Aug 30 20 14
BY [Signature] ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
13 Against:

14 **MICHAEL R. CHIAROTTINO, M.D.**
15 902 Irwin Street
16 San Rafael, CA 94901

17 Physician's and Surgeon's Certificate No.
18 G39528

19 Respondent.

Case No. 8002014003653

Consolidated Case No. 12-2011-217990

FIRST AMENDED ACCUSATION

20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation
(Accusation) solely in her official capacity as the Executive Director of the Medical Board of
23 California, Department of Consumer Affairs.

24 2. On or about June 25, 1979, the Medical Board of California issued Physician's and
25 Surgeon's Certificate Number G39528 to Michael Roger Chiarottino, M.D. (Respondent). The
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
27 charges brought herein and will expire on May 31, 2015, unless renewed. Said Certificate is
28 currently SUSPENDED pursuant to an Interim Suspension Order, effective May 5, 2014.

JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California (Board)¹, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 provides that the Board is responsible for the administration and hearing of disciplinary actions involving enforcement of the Medical Practice Act (section 2000 et seq.) and the carrying out of disciplinary action appropriate to findings made by a medical quality review committee, the Board, or an administrative law judge with respect to the quality of medical practice carried out by physician's and surgeon's certificate holders.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

6. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

¹ The term "Board" means the Medical Board of California. "Division of Medical Quality" shall also be deemed to refer to the Board. (Bus. & Prof. Code, section 2002).

1 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
2 constitutes the negligent act described in paragraph (1), including, but not limited to, a
3 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
4 applicable standard of care, each departure constitutes a separate and distinct breach of the
5 standard of care.

6 “(d) Incompetence.”

7 7. Section 2242(a) of the Code provides that prescribing, dispensing, or furnishing
8 dangerous drugs without an appropriate prior examination and a medical indication constitutes
9 unprofessional conduct.

10 8. Section 725 of the Code states in pertinent part:

11 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering
12 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated
13 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of
14 the community of licensees is unprofessional conduct for a physician and surgeon”

15 9. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
16 adequate and accurate records relating to the provision of services to their patients constitutes
17 unprofessional conduct.”

18 10. Section 2236 of the Code states in pertinent part:

19 “(a) The conviction of any offense substantially related to the qualifications, functions, or
20 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
21 chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive
22 evidence only of the fact that the conviction occurred.

23 ...

24 “(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to
25 be a conviction within the meaning of this section and Section 2236.1. The record of conviction
26 shall be conclusive evidence of the fact that the conviction occurred.”

1 11. Section 2237 of the Code states:

2 “(a) The conviction of a charge of violating any federal statutes or regulations or any
3 statute or regulation of this state, regulating dangerous drugs or controlled substances, constitutes
4 unprofessional conduct. The record of the conviction is conclusive evidence of such
5 unprofessional conduct. A plea or verdict of guilty or a conviction following a plea of nolo
6 contendere is deemed to be a conviction within the meaning of this section.

7 “(b) Discipline may be ordered in accordance with Section 2227 or the Division of
8 Licensing may order the denial of the license when the time for appeal has elapsed, or the
9 judgment of conviction has been affirmed on appeal, or when an order granting probation is made
10 suspending the imposition of sentence, irrespective of a subsequent order under the provisions of
11 Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and
12 to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
13 complaint, information, or indictment.”

14 12. Section 2238 of the Code states:

15 “A violation of any federal statute or federal regulation or any of the statutes or regulations
16 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
17 conduct.”

18 13. Section 2239 of the Code states in relevant part:

19 “(a) The use or prescribing for or administering to himself or herself, of any controlled
20 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
21 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to
22 any other person or to the public, or to the extent that such use impairs the ability of the licensee
23 to practice medicine safely or more than one misdemeanor or any felony involving the use,
24 consumption, or self-administration of any of the substances referred to in this section, or any
25 combination thereof, constitutes unprofessional conduct. The record of the conviction is
26 conclusive evidence of such unprofessional conduct.

14. Health and Safety Code section 11350(a) states:

“Except as otherwise provided in this division, every person who possesses (1) any controlled substance specified in subdivision (b) or (c), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.”

PERTINENT DRUGS

15. **Actiq**, a trade name for oral transmucosal fentanyl citrate, is a potent opioid analgesic, intended for oral transmucosal administration. It is a schedule II controlled substance as defined by section 11055 of the Health and Safety Code. Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain.

16. **Amphetamine salt combo** and **dextroamphetamine salt combo**, also known by the trade name **Adderall**, is a schedule II controlled substance as defined by section 11055 of the Health and Safety Code. It is indicated for attention deficit disorder with hyperactivity and narcolepsy. Amphetamine has a high potential for abuse and may cause psychological and physical dependence.

17. **Buprenorphine hydrochloride**, also known by the trade names **Subutex** and **Suboxone**, is a schedule II controlled substance and narcotic as defined by section 11058 of the Health and Safety Code. Buprenorphine is a potent opiate agonist/antagonist, and a type of “anti-opiate” used to help opioid addicted individuals discontinue opiates. Combining buprenorphine with opioids can be extremely dangerous, and only well-trained physicians may safely use buprenorphine therapeutically.

18. **Carisoprodol** is a muscle-relaxant and sedative. It is a dangerous drug as defined in section 4022. Since the effects of carisoprodol and alcohol or carisoprodol and other central

1 nervous system depressants or psychotropic drugs may be additive, appropriate caution should be
2 exercised with patients who take more than one of these agents simultaneously. Carisoprodol is
3 metabolized in the liver and excreted by the kidneys; to avoid its excess accumulation, caution
4 should be exercised in administration to patients with compromised liver or kidney functions.

5 19. **Klonopin** is a trade name for **clonazepam**, an anticonvulsant of the benzodiazepine
6 class of drugs. It is a schedule IV controlled substance as defined by section 11057 of the Health
7 and Safety Code. It produces central nervous system depression and should be used with caution
8 with other central nervous system depressant drugs. Like other benzodiazepines, it can produce
9 psychological and physical dependence.

10 20. **Dilaudid** is a trade name for **hydromorphone hydrochloride**. It is a schedule II
11 controlled substance as defined by section 11055, subdivision (d) of the Health and Safety Code.
12 Dilaudid is a hydrogenated ketone of morphine and is a narcotic analgesic. Its principal
13 therapeutic use is relief of pain. Psychic dependence, physical dependence, and tolerance may
14 develop upon repeated administration of narcotics; therefore, Dilaudid should be prescribed and
15 administered with caution. Physical dependence, the condition in which continued administration
16 of the drug is required to prevent the appearance of a withdrawal syndrome, usually assumes
17 clinically significant proportions after several weeks of continued use. Side effects include
18 drowsiness, mental clouding, respiratory depression, and vomiting. The usual starting dosage for
19 injections is 1-2 mg. The usual oral dose is 2 mg every two to four hours as necessary. Patients
20 receiving other narcotic analgesics, anesthetics, phenothiazines, tranquilizers, sedative-hypnotics,
21 tricyclic antidepressants and other central nervous system depressants, including alcohol, may
22 exhibit an additive central nervous system depression. When such combined therapy is
23 contemplated, the use of one or both agents should be reduced.

24 21. **Fentanyl** is a schedule II controlled substance as defined by section 11055 of the
25 Health and Safety Code. Fentanyl is a strong opioid medication and is indicated only for
26 treatment of chronic pain (such as that of malignancy) that cannot be managed by lesser means
27 and requires continuous opioid administration. Fentanyl presents a risk of serious or life-
28 threatening hypoventilation. When patients are receiving fentanyl, the dosage of central nervous

1 system depressant drugs should be reduced at least 50%. Use of fentanyl together with other
2 central nervous system depressants, including alcohol, can result in increased risk to the patient.
3 It should be used with caution in individuals with a history of alcohol or drug abuse, particularly
4 if they are outside of a medically controlled environment. Fentanyl can produce drug dependence
5 similar to that produced by morphine and has the potential for abuse. It is physically and
6 psychologically addictive. Fentanyl patches are available in 25 mcg/hour, 50 mcg/hour, 75
7 mcg/hour and 100 mcg/hour. Patches over 25 mcg/hour should only be used in opioid tolerant
8 patients.

9 22. **Hydrocodone/APAP 10/325** (hydrocodone with acetaminophen), also known by the
10 trade name **Norco**, is a Schedule III controlled substance and narcotic as defined by section
11 11056, subdivision (c), of the Health and Safety Code. Repeated administration of hydrocodone
12 over a course of several weeks may result in psychic and physical dependence. The usual adult
13 dosage is one or two tablets every four to six hours as needed for pain. The maximum 24 hour
14 dosage recommended is 6 tablets for chronic pain therapy, and a maximum of 8 to 10 tablets for
15 acute pain (less than two weeks). At high levels, acetaminophen can cause liver and kidney
16 toxicity.

17 23. **Lamictal**, a trade name for **lamotrigine**, is an antiepileptic and is indicated in the
18 treatment of epileptic seizures. It is also used to delay mood swings in adults with bipolar
19 disorder. It is a dangerous drug within the meaning of section 4022.

20 24. **Lorazepam**, also known by the trade name **Ativan**, is an anticonvulsant of the
21 benzodiazepine class of drugs. It is used for the management of anxiety disorders or for short-
22 term relief from the symptoms of anxiety. It is a Schedule IV controlled substance as defined by
23 section 11057 of the Health and Safety Code. Lorazepam is not recommended for use in patients
24 with primary depressive disorders.

25 25. **Methadone hydrochloride** is a synthetic narcotic analgesic with multiple actions
26 quantitatively similar to those of morphine. It is a schedule II controlled substance and narcotic as
27 defined by section 11055, subdivision (c) of the Health and Safety Code. Methadone can produce
28 drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic

1 dependence, physical dependence, and tolerance may develop upon repeated administration of
2 methadone, and it should be prescribed and administered with the same degree of caution
3 appropriate to the use of morphine. Methadone should be used with caution and in reduced
4 dosage in patients who are concurrently receiving other narcotic analgesics. The usual adult
5 dosage is 2.5 mg to 10 mg every three to four hours as necessary for severe acute pain.

6 26. **Morphine sulfate** is for use in patients who require a potent opioid analgesic for
7 relief of moderate to severe pain. Morphine is a schedule II controlled substance and narcotic as
8 defined by section 11055, subdivision (b)(1) of the Health and Safety Code. Morphine can
9 produce drug dependence and has a potential for being abused. Tolerance and psychological and
10 physical dependence may develop upon repeated administration.

11 27. **OxyContin** is a trade name for **oxycodone hydrochloride** controlled-release tablets.
12 Oxycodone is a white odorless crystalline powder derived from an opium alkaloid. It is a pure
13 agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of
14 oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a schedule II
15 controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health
16 and Safety Code, and a schedule II controlled substance as defined by Section 1308.12 (b)(1) of
17 Title 21 of the Code of Federal Regulations. Respiratory depression is the chief hazard from all
18 opioid agonist preparations.

19 28. **Oxymorphone**, also known by the trade name, **Opana ER** is a schedule II controlled
20 substance as defined by section 11055 of the Health and Safety Code. Is a semi-synthetic opioid
21 analgesic and can be abused, misused, and diverted in a manner similar to other opioid agonists.

22 29. **Phenergan**, a trade name for **Promethazine HCl**, is a dangerous drug as defined in
23 section 4022. It has antihistaminic, sedative, antimotion-sickness, antiemetic, and anticholinergic
24 effects. It may be used as a preoperative sedative. The concomitant use of alcohol, sedative
25 hypnotics (including barbiturates), general anesthetics, narcotics, narcotic analgesics, tranquilizers
26 or other central nervous system depressants may have additive sedative effects and patients should
27 be warned accordingly. Phenergan may significantly affect the actions of other drugs. It may
28 increase, prolong, or intensify the sedative action of central-nervous-system depressants. For this

1 reason, the dose of narcotics used with Phenergan should be reduced by one quarter to one half.
2 As an adjunct to preoperative medication, 25 to 50 mg of Phenergan may be combined with
3 appropriately reduced dosages of other drugs.

4 30. **Phenobarbital** is a barbiturate. It is a schedule IV controlled substance as defined by
5 section 11057(d)(19) of the Health and Safety Code. Barbiturates are capable of producing all
6 levels of central nervous system mood alteration, from excitation to mild sedation, hypnosis, and
7 deep coma. The concomitant use of alcohol or other CNS depressants may produce additive CNS
8 depressant effects. Overdosage can produce death. Barbiturates are respiratory depressants, and
9 the degree of respiratory depression is dependent upon the dose. Barbiturates are indicated for
10 sedation and for the treatment of generalized and partial seizures. Phenobarbital may be habit
11 forming and tolerance and psychological and physical dependence may occur with continued use.
12 Barbiturates should be administered with caution, if at all, to patients who are mentally
13 depressed, have suicidal tendencies, or have a history of drug abuse. Elderly or debilitated
14 patients may react to barbiturates with marked excitement, depression, or confusion. The usual
15 adult dosage for anticonvulsant use is 60 mg to 200 mg per day. Dosage should be reduced in the
16 elderly or debilitated because these patients may be more sensitive to barbiturates.

17 31. **Seroquel**, a trade name for **quetiapine fumarate**, is an antipsychotic drug. It is a
18 dangerous drug as defined in Business and Professions Code section 4022. Seroquel is indicated
19 for the management of the manifestations of psychotic disorders.

20 32. **Valium** is a trade name for **diazepam**, a psychotropic drug used for the management
21 of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a schedule IV
22 controlled substance as defined by section 11057 of the Health and Safety Code, and a schedule
23 IV controlled substance as defined by Section 1308.14 of Title 21 of the Code of Federal
24 Regulations. Diazepam can produce psychological and physical dependence and it should be
25 prescribed with caution particularly to addiction-prone individuals (such as drug addicts and
26 alcoholics) because of the predisposition of such patients to habituation and dependence.

27 33. **Xanax** is a trade name for **alprazolam**. Alprazolam is a psychotropic triazolo
28 analogue of the benzodiazepine class of central nervous system-active compounds. Xanax is used

1 for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety.
2 It is a schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d)
3 of the Health and Safety Code, and a schedule IV controlled substance as defined by Section
4 1308.14 (c) of Title 21 of the Code of Federal Regulations. Xanax has a central nervous system
5 depressant effect and patients should be cautioned about the simultaneous ingestion of alcohol
6 and other CNS depressant drugs during treatment with Xanax.

7 FIRST CAUSE FOR DISCIPLINE

8 (Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence,
9 Excessive Prescribing, Inadequate Records re Patient M.S.)

10 34. Respondent's records indicate that he first saw M.S., then 32-years old, on October
11 29, 2008. M.S. reported a history of opioid dependency since age 25, and stated that she was
12 currently on Suboxone, Adderall, and Klonopin. M.S. filled out a mood disorder questionnaire, a
13 Beck Depression Inventory, and an ADHD questionnaire. Respondent's assessment was opioid
14 dependence on Suboxone maintenance, ADHD by history, and mood disorder. Respondent's plan
15 was to prescribe #45 Suboxone 8 mg.

16 35. The only other progress notes contained in Respondent's records for M.S. are dated
17 November 12, 2008, December 11, 2008, and February 2, 2009. These notes indicate that
18 Respondent was continuing to prescribe Suboxone, and was also prescribing Adderall and
19 Lamictal.

20 36. While Respondent's records do not include any progress notes dated after February 2,
21 2009, they include copies of prescriptions issued by Respondent after that date, including
22 numerous prescriptions for high-dose opioids, including fentanyl patches, hydromorphone,
23 oxycodone, hydrocodone, and methadone in 2011 and 2012, with brief notes attached to some of
24 the prescriptions indicating that M.S. had complaints of pain. A Department of Justice Controlled
25 Substance Utilization Review and Evaluation System (CURES) patient activity report and
26 pharmacy records also indicate that Respondent routinely prescribed multiple controlled
27 substances, in varying combinations and in high doses, including Suboxone, hydromorphone,
28

1 fentanyl, methadone, clonazepam, Adderall, alprazolam, and lorazepam between 2009 and 2014.
2 Many of these prescriptions, however, are not documented in Respondent's chart for M.S.

3 37. In addition to Respondent's prescribing of multiple controlled substances to M.S.,
4 CURES reports and pharmacy records also indicate that M.S. received prescriptions for Suboxone
5 and/or opioids from several other physicians during the period from 2009 through 2013.

6 38. Respondent is guilty of unprofessional conduct under sections 2234(b) and/or 2234(c)
7 and/or 2234(d) in that Respondent was grossly negligent and/or repeatedly negligent and/or
8 incompetent in his treatment of M.S., including but not limited to the following:

9 A. Respondent failed to adequately examine and/or document adequate physical and/or
10 neurological examinations over the course of M.S.'s care to corroborate M.S.'s complaints of pain
11 and to support the continued use of high dose opioid therapy.

12 B. Respondent failed to adequately evaluate and/or document the character and quality of
13 M.S.'s pain, including any aggravating or alleviating factors.

14 C. Respondent failed to adequately evaluate and/or document M.S.'s physical and
15 psychological functioning.

16 D. Respondent failed to document a pain treatment plan.

17 E. Respondent failed to assess and/or document the effectiveness of M.S.'s medication
18 usage.

19 F. Respondent failed to take steps to determine if other physicians were prescribing
20 opiates or other narcotics to M.S.

21 G. Respondent prescribed Suboxone at the same time that he and other physicians were
22 prescribing multiple high dose opioids, which is medically contraindicated, and he did not
23 document his rationale for prescribing in this highly unconventional and potentially dangerous
24 manner.

25 H. Respondent prescribed potentially dangerous or even lethal combinations of narcotics
26 and sedative medications without adequate indication or monitoring, and in the absence of a
27 treatment plan.

1 I. Respondent routinely prescribed multiple psychiatric medications, including
2 antidepressants, benzodiazepines, and antipsychotics, without performing an adequate mental
3 status examination or other psychiatric evaluation.

4 J. Respondent failed to obtain and/or document informed consent regarding the use of
5 chronic opioid therapy.

6 K. Respondent failed to adequately consider that M.S. may be abusing controlled
7 substances.

8 L. Respondent's progress notes frequently fail to document the medications prescribed,
9 including the quantities and dosages of the medications prescribed.

10 39. Respondent is guilty of unprofessional conduct under sections 725 and 2242 of the
11 Code in that Respondent inappropriately and excessively prescribed multiple high dose opioids,
12 stimulants and sedative medications to M.S. without documentation of information regarding
13 objective findings, without a treatment plan, without obtaining informed consent, and without
14 adequate periodic review of efficacy of the medication regimen.

15 40. Respondent is guilty of unprofessional conduct under section 2266 of the Code in that
16 he failed to maintain adequate records for M.S., including failing to maintain any progress notes
17 after February 2, 2009.

18 SECOND CAUSE FOR DISCIPLINE

19 (Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence,
20 Excessive Prescribing, Inadequate Records re Patient M.F.)

21 41. Respondent's medical records for M.F. primarily consist of copies of prescriptions,
22 including prescriptions for oxycodone, Norco, Ativan, Xanax, methadone and promethazine with
23 codeine, dated between March 21, 2013 and February 15, 2014. The only progress note in the
24 record is dated October 12, 2013, and states that M.F, then 26-years old, was seeking a refill of
25 medications, including "methadone at 10/day," "oxycodone at 9/day," and Xanax. There is no
26 documentation of any medical history, physical examination, or diagnosis. The record, however,
27 includes the following documents, all dated October 31, 2013: a "new patient assessment form,"
28 indicating that M.F. had complaints of moderate pain in the knees and low back; an Agreement

1 for Opioid Maintenance Therapy for Non-Cancer/Cancer Pain; a Beck Depression Inventory,
2 where M.F. scored a 2, indicating only minimal symptoms of depression, and a Beck Anxiety
3 Inventory, where M.F. scored a 6, indicating very low anxiety.

4 42. Although Respondent's medical records purport to document that Respondent
5 commenced treatment of M.F. in October 2013, CURES reports and pharmacy records for M.F.
6 show that Respondent has been prescribing extraordinarily high doses of controlled substances,
7 including Norco, Dilaudid, oxycodone, and Xanax since at least September 2011 and continuing
8 through February 2014.

9 43. Respondent is guilty of unprofessional conduct under sections 2234(b) and/or 2234(c)
10 and/or 2234(d) in that Respondent was grossly negligent and/or repeatedly negligent and/or
11 incompetent in his treatment of M.F., including but not limited to the following:

12 A. Respondent failed to examine and/or document any physical examination over the
13 course of M.F.'s care to corroborate M.F.'s complaints of pain and to support the continued use
14 of chronic opioid therapy.

15 B. Respondent failed to evaluate and/or document the character and quality of M.F.'s
16 pain, including any aggravating or alleviating factors.

17 C. Respondent failed to evaluate and/or document M.F.'s functioning.

18 D. Respondent failed to document a pain treatment plan.

19 E. Respondent failed to periodically assess and/or document the effectiveness of M.F.'s
20 medication usage.

21 F. Respondent failed to take steps to determine if other physicians were prescribing
22 opiates or other narcotics to M.F.

23 G. Respondent failed to obtain informed consent regarding the use of opioid therapy
24 prior to October 31, 2013.

25 H. Respondent routinely prescribed Xanax without performing any mental status
26 examination or other psychiatric evaluation, and despite the fact that M.F. self-reported having
27 minimal symptoms of anxiety.

28 I. Respondent failed to adequately consider that M.F. may be abusing opioids and Xanax.

44. Respondent is guilty of unprofessional conduct under sections 725 and/or 2242 of the Code in that Respondent continued to inappropriately and excessively prescribe multiple high dose opioids and sedative medications to M.F. without documentation of any information regarding objective findings, without a treatment plan, without obtaining informed consent prior to October 31, 2013, and without adequate periodic review of efficacy of the medication regimen.

45. Respondent is guilty of unprofessional conduct under section 2266 of the Code in that he failed to maintain adequate records for M.F., including failing to maintain any progress notes other than the one dated October 12, 2013.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence, Excessive Prescribing, Inadequate Records re Patient D.G.)

46. D.G. first saw Respondent on June 23, 2004 for pain management. Then 47-years old, D.G. reported a history of lumbar degenerative disc disease, for which he had been treated with opioids for 18 years. His current medications included OxyContin, Actiq, Percocet, and Valium. Respondent noted that lumbar extension and flexion were limited on examination. Respondent's assessment was severe lumbar degenerative disc disease and anxiety by history. Respondent prescribed #120 OxyContin 80 mg, #90 Actiq 800 mcg, and #90 Valium 10 mg.

47. D.G. continued to see Respondent for pain management on approximately a monthly or bimonthly basis through November 2012. Although Respondent's progress notes do not consistently document what medications and dosages were being prescribed to D.G., CURES reports, pharmacy records, and copies of certain prescriptions contained in Respondent's records, indicate that over the course of Respondent's treatment of D.G., he routinely prescribed extraordinarily large amounts of high-dose opioids, including morphine sulfate and oxycodone, as well as numerous other drugs, including Adderall, Valium, Lamictal, and Seroquel. Respondent's progress notes document little in the way of objective findings or other rationale for these prescriptions. Indeed, Respondent periodically noted that D.G. was building his own house and was doing all of the work himself.

1 48. In November 2005, D.G. expressed a desire to stop using opioids and in January 2006
2 he underwent a detoxification program. Respondent initially treated D.G. with Suboxone but, by
3 June 2006, Respondent was again prescribing a combination of highly potent opioids, including
4 oxycodone and morphine sulfate.

5 49. On June 1, 2009, D.G. again expressed a desire to be taken off all opioids. That same
6 day, however, Respondent prescribed #90 morphine sulfate 100 mg and #240 oxycodone HCL 30
7 mg. By June 2010, Respondent had increased the dosage of oxycodone such that D.G. was
8 receiving #120 oxycodone 80 mg and #240 oxycodone HCL 30 mg on a monthly basis. By
9 November 2011, Respondent had increased the number of opioids prescribed to D.G. such that
10 D.G. was receiving #300 hydromorphone 8 mg, #180 morphine sulfate 100 mg, and #240
11 oxycodone 30 mg on a monthly basis.

12 50. Respondent is guilty of unprofessional conduct under sections 2234(b) and/or 2234(c)
13 and/or 2234(d) in that Respondent was grossly negligent and/or repeatedly negligent and/or
14 incompetent in his treatment of D.G., including but not limited to the following:

15 A. Respondent failed to adequately examine and/or document adequate physical and/or
16 neurological examinations over the course of D.G.'s care to corroborate D.G.'s complaints of pain
17 and to support the continued use of high dose opioid therapy.

18 B. Respondent failed to adequately evaluate and/or document the character and quality of
19 D.G.'s pain, including any aggravating or alleviating factors.

20 C. Respondent failed to adequately evaluate and/or document D.G.'s physical and
21 psychological functioning.

22 D. Respondent failed to document a pain treatment plan.

23 E. Respondent failed to adequately assess and/or document the effectiveness of D.G.'s
24 medication usage.

25 F. Respondent prescribed potentially dangerous or even lethal combinations of narcotic
26 and sedative medications without adequate indication or monitoring, and in the absence of a
27 treatment plan.
28

1 G. Respondent prescribed stimulants, benzodiazepines and antipsychotics without
2 performing an adequate mental status examination or other psychiatric evaluation.

3 H. Respondent's progress notes frequently failed to document the medications
4 prescribed, including the quantities and dosages of the medications prescribed.

5 51. Respondent is guilty of unprofessional conduct under section 725 of the Code in that
6 Respondent continued to inappropriately and excessively prescribe multiple high dose opioids and
7 sedative medications to D.G. without documentation of new information regarding objective
8 findings, without a treatment plan, without adequate periodic review of efficacy of the medication
9 regimen, and despite D.G.'s stated desire and efforts to discontinue opioids.

10 52. Respondent is guilty of unprofessional conduct under section 2266 of the Code in that
11 he failed to maintain adequate records for D.G., including failing to document a treatment plan
12 and frequently failing to document medications prescribed, including the quantities and dosages,
13 in his progress notes.

14 FOURTH CAUSE FOR DISCIPLINE

15 (Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence,
16 Excessive Prescribing, Inadequate Records re Patient K.B.)

17 53. K.B. was 51-years old when she first saw Respondent on October 17, 2011. She
18 reported a history of cervical and lumbar disc disease stemming from a 1986 motor vehicle
19 accident. She also complained of right leg pain stemming from a slip and fall on October 11,
20 2011. She also complained of a dry cough. She reported that her current medications included
21 Opana, oxycodone, and Valium. She rated her pain as 2/10 with medication. Respondent noted
22 that K.B. had limited flexion/extension of the right leg on examination and that there was
23 moderate swelling of the right foot. He noted that her mood and affect were stable.
24 Respondent's diagnosis included cervical strain and acute sprain of the right ankle. He prescribed
25 #120 Opana ER 40 mg, #120 oxycodone HCL 30 mg, #60 Valium 10 mg, and 16oz Phenergan
26 with codeine syrup.

27 54. Between October 2011 and February 2014, K.B. continued to see Respondent on
28 approximately a monthly basis. Respondent's billing records document most of these visits as

1 "office visit – brief," and Respondent's progress notes are minimal and indicate that these visits
2 are for medication refills for pain management. Although Respondent's progress notes do not
3 consistently document what medications and dosages were being prescribed to K.B., CURES
4 reports, pharmacy records, and copies of prescriptions contained in Respondent's records, indicate
5 that over the course of Respondent's treatment of K.B., he routinely prescribed in varying
6 combinations and ever increasing dosages the following: oxycodone HCL, methadone, Norco,
7 Opana ER, hydromorphone and Valium.

8 55. On September 24, 2012, Respondent advised K.B. that he would be terminating their
9 doctor/patient relationship due to K.B.'s excessive usage of controlled substances and her receipt
10 of such substances from multiple physicians. Just four days later, on September 28, 2012,
11 Respondent inexplicably accepted K.B. back as a patient. Thereafter, Respondent not only
12 continued to prescribe high-dose opioids and benzodiazepines to K.B., but he increased the
13 opioids prescribed such that by August 2013, K.B. was receiving #330 methadone 10 mg, #240
14 Norco, and #140 hydromorphone 8 mg on a monthly basis.

15 56. Respondent is guilty of unprofessional conduct under sections 2234(b) and/or 2234(c)
16 and/or 2234(d) in that Respondent was grossly negligent and/or repeatedly negligent and/or
17 incompetent in his treatment of K.B., including but not limited to the following:

18 A. Respondent failed to adequately examine and/or document adequate physical and/or
19 neurological examinations over the course of K.B.'s care to corroborate K.B.'s complaints of pain
20 and to support the continued use of high dose opioid therapy.

21 B. Respondent failed to adequately evaluate and/or document the character and quality of
22 K.B.'s pain, including any aggravating or alleviating factors.

23 C. Respondent failed to adequately evaluate and/or document K.B.'s physical and
24 psychological functioning.

25 D. Respondent failed to document a pain treatment plan.

26 E. Respondent failed to adequately assess and/or document the effectiveness of K.B.'s
27 medication usage.
28

1 F. Respondent prescribed potentially dangerous or even lethal combinations of narcotic
2 and sedative medications without adequate indication or monitoring, and in the absence of a
3 treatment plan.

4 G. Respondent routinely prescribed Valium without performing any mental status
5 examination or other psychiatric evaluation, and without documentation of any rationale for this
6 prescription.

7 H. Respondent routinely prescribed high doses of Phenergan with codeine without any
8 workup of K.B.'s complaints of cough.

9 I. Respondent's progress notes frequently fail to document the medications prescribed,
10 including the quantities and dosages of the medications prescribed.

11 57. Respondent is guilty of unprofessional conduct under section 725 of the Code in that
12 Respondent continued to inappropriately and excessively prescribe multiple high dose opioids and
13 sedative medications to K.B. without documentation of new information regarding objective
14 findings, without a treatment plan, and without adequate periodic review of efficacy of the
15 medication regimen.

16 58. Respondent is guilty of unprofessional conduct under section 2266 of the Code in that
17 he failed to maintain adequate records for K.B., including failing to document a treatment plan
18 and frequently failing to document medications prescribed, including the quantities and dosages,
19 in his progress notes.

20 FIFTH CAUSE FOR DISCIPLINE

21 (Unprofessional Conduct: Gross Negligence, Repeated Negligent Acts, Incompetence,
22 Excessive Prescribing, Inadequate Records re Patient S.C.)

23 59. S.C. was 28-years old when he first saw Respondent on April 1, 2009. S.C. reported
24 a history of opioid dependence and low back pain. S.C. had previously used methadone,
25 morphine, fentanyl, and Subutex, and he was currently taking seven to eight Norco tablets a day.
26 S.C. stated that he wanted to stop Norco and resume Subutex. Respondent noted that S.C. had
27 limited cervical range of motion on examination. Respondent's diagnosis was degenerative disc
28

1 disease and opioid dependence. Respondent's plan was to provide Subutex induction, and he
2 prescribed #45 Subutex 8 mg.

3 60. Respondent continued to prescribe Subutex in increasing dosages through December
4 2009. CURES reports and pharmacy records indicate that, during the same period that
5 Respondent was prescribing Subutex, S.C. was receiving opioids, including hydrocodone and
6 oxycodone, from other physicians.

7 61. In January, 2010, S.C. reported having undergone a cervical laminectomy and
8 complained of post laminectomy pain. Respondent started S.C. on hydromorphone, which he
9 continued to prescribe periodically through December 2013.

10 62. Beginning in April 2010 and continuing through June 2011, Respondent also
11 routinely prescribed fentanyl patches, simultaneously prescribing multiple prescriptions for
12 differing strengths, such that S.C. was receiving dangerously high doses of fentanyl.

13 63. In or around May 2010, during the same time that Respondent was prescribing high-
14 dose opioids to S.C., Respondent started S.C. on Suboxone, which he continued to provide
15 through December 2011. Respondent did not document his rationale for prescribing Suboxone to
16 a patient who was receiving multiple high dose opioids during the same period, which is
17 medically contraindicated.

18 64. Respondent's records do not contain any progress notes documented after October
19 2010, although Respondent continued to prescribe numerous controlled substances in high
20 dosages and in various combinations, including Suboxone, fentanyl, hydromorphone,
21 oxymorphone, hydrocodone, Valium, Xanax, and phenobarbital through March 2014.

22 65. CURES reports and pharmacy records also indicate that Respondent routinely
23 prescribed Valium and periodically prescribed phenobarbital, Ativan, clonazepam and Xanax, but
24 there is no mention of these drugs or copies of prescriptions for these drugs in Respondent's
25 records.

26 66. CURES and pharmacy records also show that during the same time period when
27 Respondent was prescribing Suboxone and high-dose opioids to S.C., S.C. was also receiving
28 controlled substances from other physicians.

1 67. Respondent is guilty of unprofessional conduct under sections 2234(b) and/or 2234(c)
2 and/or 2234(d) in that Respondent was grossly negligent and/or repeatedly negligent and/or
3 incompetent in his treatment of S.C., including but not limited to the following:

4 A. Respondent failed to adequately examine and/or document adequate physical and/or
5 neurological examinations over the course of S.C.'s care to corroborate S.C.'s complaints of pain
6 and to support the continued use of high dose opioid therapy.

7 B. Respondent failed to adequately evaluate and/or document the character and quality of
8 S.C.'s pain, including any aggravating or alleviating factors.

9 C. Respondent failed to adequately evaluate and/or document S.C.'s physical and
10 psychological functioning.

11 D. Respondent failed to document a pain treatment plan.

12 E. Respondent failed to adequately assess and/or document the effectiveness of S.C.'s
13 medication usage.

14 F. Respondent failed to take steps to determine if other physicians were prescribing
15 opiates or other narcotics to S.C.

16 G. Respondent prescribed Subutex/Suboxone at the same time that he and other
17 physicians were prescribing multiple high dose opioids, which is medically contraindicated, and
18 he did not document his rationale for prescribing in this highly unconventional and potentially
19 dangerous manner.

20 H. Respondent prescribed potentially dangerous or even lethal combinations of narcotic
21 and sedative medications without adequate indication or monitoring, and in the absence of a
22 treatment plan.

23 I. Respondent routinely prescribed Valium and periodically prescribed Xanax,
24 clonazepam and lorazepam without performing any mental status examination or other psychiatric
25 evaluation, and without documentation of any rationale for these prescriptions.

26 J. Respondent routinely prescribed phenobarbital without documenting any medical
27 indication.
28

1 K. Respondent's progress notes frequently fail to document the medications prescribed,
2 including the quantities and dosages of the medications.

3 L. Respondent failed to obtain and/or document informed consent regarding the use of
4 chronic opioid therapy.

5 68. Respondent is guilty of unprofessional conduct under section 725 of the Code in that
6 Respondent continued to inappropriately and excessively prescribe high dose opioids and sedative
7 medications to S.C. without documentation of new information regarding objective findings,
8 without a treatment plan, without obtaining informed consent, and without adequate periodic
9 review of efficacy of the medication regimen.

10 69. Respondent is guilty of unprofessional conduct under section 2266 of the Code in that
11 he failed to maintain adequate records for S.C., including failing to maintain any progress notes
12 for the years 2011, 2012, 2013, and 2014.

13 SIXTH CAUSE FOR DISCIPLINE

14 (Unprofessional Conduct: Criminal Conviction, Drug Related Conviction, Violation of Statute
15 Regulating Drugs, Excessive Use of Drugs)

16 70. Respondent is guilty of unprofessional conduct under sections 2234 and/or 2236
17 and/or 2237 and/or 2238 and/or 2239 in that he has been convicted of multiple crimes, including
18 felony possession of a controlled substance (in violation of Health and Safety Code section
19 11350(a)) and two separate misdemeanors for driving under the influence of drugs, that are
20 substantially related to the qualifications, functions, and duties of a physician and surgeon. The
21 circumstances are as follows:

22 71. On March 8, 2014, Respondent was arrested by California Highway Patrol (CHP)
23 after he was found to be in possession of controlled substances, including Dilaudid and Xanax,
24 and driving under the influence of drugs. Respondent admitted that he had obtained the drugs
25 from his patients.

26 72. On March 26, 2014, a 1st Amended Complaint was filed in the case of the *People of*
27 *State of California v. Michael Roger Chiarottino*, Marin County Superior Court Case No.
28 SC188522, charging Respondent with the following crimes: (1) possession of a controlled

1 substance, to wit, hydromorphone (Dilaudid), in violation of Health and Safety Code section
2 11350, a felony; (2) possession of a controlled substance, to wit, alprazolam (Xanax) without a
3 prescription, in violation of Business and Professions Code section 4060, a misdemeanor; (3)
4 driving under the influence of a drug, in violation of Vehicle Code section 23152(c), a
5 misdemeanor; (4) driving while an addict, in violation of Vehicle Code section 23152(c); and (5)
6 attempting to destroy evidence, in violation of Penal Code sections 664/135, a misdemeanor.

7 73. On April 9, 2014, while released from custody on bail, Respondent was arrested by
8 the Mill Valley Police Department after a witness observed Respondent appearing intoxicated
9 and driving a vehicle with his four-year old daughter inside. Respondent was found to be in
10 possession of methadone and other controlled substances, and he admitted to the arresting officer
11 that he had used methadone for which he did not have a prescription.

12 74. On April 10, 2014, a criminal complaint was filed against Respondent in the case of
13 *People of the State of California v. Michael Roger Chiarottino*, Marin County Superior Court
14 case no. SC188522. The complaint charges Respondent with the following crimes: (1)
15 possession of a controlled substance, to wit, Methadone, in violation of Health and Safety Code
16 section 11350(a), a felony; (2) child endangerment, in violation of Penal Code section 273a(b), a
17 misdemeanor; (3) driving under the influence of a drug, in violation of Vehicle Code section
18 23152(c), a misdemeanor; (4) driving while an addict, in violation of Vehicle Code section
19 23152(c), a misdemeanor; (5) possession of a controlled substance without a prescription, to wit,
20 phenobarbital, in violation of Business and Professions Code section 4060, a misdemeanor; (6)
21 possession of a controlled substance without a prescription, to wit, Alprazolam, in violation of
22 Business and Professions Code section 4060, a misdemeanor; driving while an addict, in violation
23 of Vehicle Code section 23152(c); and (7) possession of a controlled substance without a
24 prescription, to wit, Clonazepam, in violation of Business and Professions Code section 4060, a
25 misdemeanor.

26 75. On April 15, 2014, in the case of *People of the State of California v. Michael Roger*
27 *Chiarottino*, Marin County Superior Court Case No. SC188302, Respondent pled guilty to one
28

1 count of felony possession of a controlled substance (Health & Safety Code § 11350(a)) and one
2 count of misdemeanor driving under the influence of a drug (Vehicle Code § 23152(e)).

3 76. Also on April 15, 2014, in the case of *People of the State of California v. Michael*
4 *Roger Chiarottino*, Marin County Superior Court Case No. SC188522, Respondent pled guilty to
5 one count of misdemeanor driving under the influence of a drug (Vehicle Code § 23152(e) and
6 one count of misdemeanor child endangerment (Penal Code § 273a(b)).

7 DISCIPLINE CONSIDERATIONS

8 77. To determine the degree of discipline to be imposed on Respondent, Complainant
9 alleges that on or about January 18, 1990, in a prior disciplinary action entitled "In the Matter of
10 the Accusation Against Michael Roger Chiarottino, M.D." before the Medical Board of
11 California, Case Number D-3971, Respondent's license was placed on five years probation for
12 falsely and dishonestly prescribing multiple controlled substances to himself, in violation of
13 sections 2234(c), 2239(a), and 2238, and also for prescribing controlled substances to patients
14 without having a valid federal registration to do so, in violation of section 2238. On September
15 19, 1991, Respondent's license was revoked for failure to comply with probation terms. On April
16 9, 1999, Respondent's license was reinstated and placed on seven years probation. On April 22,
17 2004, Respondent's petition for termination of probation was granted and probation was deemed
18 completed.

19 PRAYER

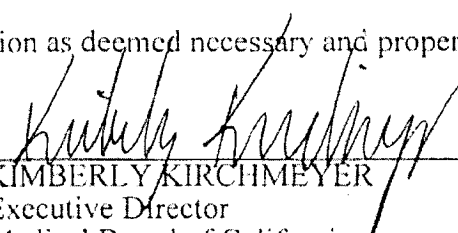
20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
21 and that following the hearing, the Medical Board of California issue a decision:

- 22 1. Revoking or suspending Physician's and Surgeon's License Number G39528, issued
23 to Michael Roger Chiarottino, M.D.;
- 24 2. Revoking, suspending or denying approval of Michael Roger Chiarottino, M.D.'s
25 authority to supervise physician assistants, pursuant to section 3527 of the Code;
- 26 3. Ordering Michael Roger Chiarottino, M.D., if placed on probation, to pay the costs of
27 probation monitoring; and
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4. Taking such other and further action as deemed necessary and proper.

DATED: August 26, 2014


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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